AMENDMENT OF SOLICITATION	N/MODIFICATION C	OF CONTRACT	. 1. Contract Number	Page of Pages
2. Amendment/Modification Number	3. Effective Date		Purchase Request No.	5. Solicitation Caption Congregate Care Human Agreement Public Notice
1 6. Issued By:	5/5/2009 Code KTO) 7 Administ	ered By (If other than line	
Child and Family Services Agency Contracts and Procurement Administration 955 L'Enfant Plaza, S.W. 5th Floor Washington, DC 20024				
8. Name and Address of Contractor (No. St	reet, city, country, state and	ZIP Code)	(X) 9A. Amendment of	Solicitation No.
	•	•		
			9B. Dated (See Ite 4/21/2009	m 11)
				of Contract/Order No.
Codel	Fa-104.	. ·	10B. Dated (See It	em 13)
Code	Facility 11. THIS ITEM ONLY APPL		T I NTS OF SOLICITATIONS	<u> </u>
X The above numbered solicitation is amer				
Offers must acknowledge receipt of this				
following methods: (a) By completing Ite				(b) By acknowledging receipt of this
amendment on each copy of the offer s				
amendment number FAILIDE OF VOI	IR ACKNOW! EDGEMENT	TO BE RECEIVED	AT THE PLACE DESIGN	ATED FOR THE RECEIPT OF OFFERS
PRIOR TO THE HOUR AND DATE SPI				
an offer already submitted, such chang				
solicitation and this amendment, and is				5.5.5.55 (6.4)6
12. Accounting and Appropriation Data (If R	•	g nous and date spe	J. 11-04.	
12. Accounting and Appropriation Data (II A		•		· .
	THIS ITEM APPLIES ONLY THE MODIFIES THE CONTRA	ACT/ORDER NO. AS	DESCRIBED IN ITEM 1	4
A. This change order is issued pure			R Section 3601, Par. 19,	Changes, Standard Contract Provisions
The changes set forth in Item 14 at	e made in the contract/order	r no. in item 10A.		ee:
B. The above numbered contract/o				n paying office, appropriation
C. This supplemental agreement is				
3	·	•		
X D. Other (Specify type of modificati	on and authority)			
E. IMPORTANT: Contractor X i	s not, is required t	o sign this documen	t and return 0	copies to the issuing office.
14. Description of amendment/modification	(Organized by UCF Section	headings, including	solicitation/contract subj	ect matter where feasible.)
Specialized Experience for Human Care Ag	reement Contractor's Qualifi	ications Record (CQ	R) response is hereby ar	nended as follows:
				· ·
Delete the second bullet in its entirety and				andas astasani
Submit evidence that the prospective provious for which they are applying.	ders possesses a current lice	ense or is license eli	gible in the congregate s	ervice category
Delete the last bullet in its entirety and repl		a will be so a Ovelita	Assurance Custom which	includes a OA coordinator to
Submit evidence that the prospective provious manage programmatic outcomes, electronic				i indiades a QA coordinator to
manage programmane outcomes, electrons	o data management and oth	ponormanos mun		
				·
·				
Except as provided herein, all terms and co				ed and in full force and effect
15A. Name and Title of Signer (Type or prir	nt)	16A. Name Tara Sigar	e of Contracting Officer	
15B. Name of Contractor	15C. Date S		ct of Columbia	, 16C. Date Signed
		-		
			MA STA	7 an Ow 5/5/200
(Signature of person	n authorized to sign)	- 9	WC A	Signature of Contracting Officer)
-				